



Department of Medicaid

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TO: Contracted Managed Care Organizations
Contracted MyCare Ohio Plans

FROM: James Tassie, Deputy Director
Office of Managed Care

DATE: February 1, 2023

SUBJECT: Medical Necessity Reviews for Non-Covered Services and Prior Authorization Limitations

Medicaid managed care organizations (MCOs) and MyCare Ohio Plans (MCOPs) are not required to pay for services not covered by Ohio Medicaid. Ohio Medicaid non-covered services are identified in OAC rules 5160-1-61 and 5160-2-03. Prior to making a determination regarding coverage of a non-covered service, however, MCOs and MCOPs should review applicable OAC rules and conduct a medical necessity review if appropriate. For example, under Ohio's Early and Periodic Screening, Diagnostic and Treatment program (EPSDT), MCOs and MCOPs must review all requests for medical necessity for individuals under the age of 21. For individuals aged 21 or older, medical necessity reviews are not required if any of the services listed in OAC rule 5160-1-61 or 5160-2-03 are being requested or if any service in which ODM fee-for-service (FFS) has implemented a hard limit is being requested in excess of that limit.

Per OAC rules 5160-26-03 and 5160-58-03, prior authorization must be available for services on which an MCO or MCOP has placed a pre-identified limitation to ensure the limitation may be exceeded when medically necessary, unless the limitation is also a limitation for FFS Medicaid coverage. If a prior authorization request is received that exceeds the MCO or MCOP's frequency limitation, the MCO or MCOP must determine if the request is medically necessary before issuing a denial.

A "non-covered code" is a specific procedure code for a covered service that is not listed on one of the Ohio Department of Medicaid (ODM) fee schedules. The fact that a code is not on an ODM fee schedule does not mean that a specific service is not covered by Ohio Medicaid. MCOs and MCOPs may not deny coverage of a service solely due to a code not being listed on an ODM fee schedule. A non-covered code for a covered service may be covered by ODM FFS by using a miscellaneous code. MCOs and MCOPs must consider covering codes beyond those listed on any ODM FFS fee schedule to ensure that all Ohio Medicaid covered services are available to members.